



October 25, 2013

A New Electronic Payment (ACH) Initiative

Dear Provider:

The Office of the State Superintendent of Education (OSSE) is pleased to announce its new electronic payment initiative for childcare providers! As a result of this initiative, providers will be able to receive their monthly payments by ACH instead of a paper check. Enrollment in the ACH program permits payment via the National Automated Clearinghouse Association (NACHA) network.

In order to enroll:

- 1. Complete Section A on the enclosed ACH Vendor Payment Enrollment form.**
- 2. Forward or take the enrollment form to the branch manager or banking official at your depository bank/financial institution for verification of your company's ACH account information. Have the bank complete Section B on the enrollment form and return the signed form directly to this office.**

Completed enrollment forms should be sent directly to the e-mail address listed below:

osse.accountspayable@dc.gov

Additional questions should be directed to [Anetria Smart at 202-481-3857](tel:202-481-3857) or [Mildred Almonte at 202-481-3855](tel:202-481-3855), Monday through Friday, between the hours of 8 a.m. and 5 p.m.

Sincerely,

Giovannie Rivera,
Program Manager

Enclosures: Frequently Asked Questions
ACH Enrollment Forms





ELECTRONIC PAYMENTS INITIATIVE FAQ's

How do I benefit from receiving Electronic Payments?

Electronic payments allow you to: 1) eliminate the risk of mailing delays, 2) have immediate availability to funds 3) avoid the hassle of travel time to deposit checks and 4) avoid having to wait for check clearance.

How can I eliminate waste and save time and money?

Automated Clearinghouse (ACH) payments are deposited directly into your bank account electronically.

How can I enroll in the Automated Clearinghouse (ACH) Program?

To enroll in the ACH program, complete Section A of the enclosed ACH Enrollment form. Also, forward Section B of the enrollment form to your financial institution's branch manager or other banking official, to complete and verify your ACH account information. Both completed and signed Sections of the ACH Vendor Enrollment Form must be emailed to osse.accountspayable@dc.gov.

Can I split my Direct Deposit into Multiple Accounts?

If you choose to split your direct deposit into more than one bank account, a separate form must be completed for each account.

What is the ACH Process?

When a completed and signed enrollment form is received by the Accounts Payable Unit, your company's information will be updated to include your banking data and change your payment method from check to ACH.

What is the effective date for the ACH payment enrollment?

Upon enrollment, you should generally begin receiving ACH payments in your next payment cycle; however, depending on when your enrollment form is processed it may take up to two payment cycles for you to begin receiving payments through direct deposit.

How do I change my ACH information?

To change account information, simply complete an ACH Vendor Payment Enrollment form, indicating in **Section A** "Correction/Change". Forward the document to your financial institution for completion and return it to the osse.accountspayable@dc.gov for processing.

How do I cancel ACH participation?

To cancel your ACH participation, complete an ACH Vendor Payment Enrollment form, indicating in **Section A** "Cancellation" or send a letter to your osse.accountspayable@dc.gov.

Who do I contact with questions?

Please contact Anetria Smart at 202-481-3857 or Mildred Almonte at 202-481-3855 between the hours of 8 a.m. and 5 p.m., Monday through Friday.





ACH VENDOR PAYMENT ENROLLMENT FORM

SECTION A

New Form

Correction/Change

Cancellation

Vendor/Payee/Company Information			
Vendor Name*	_____	EIN or SSN*	_____
Vendor Number*	_____		
Address*	_____		
Vendor Contact Name*	_____	Vendor Contact Phone Number*	_____
		Alternative Phone Number	_____
*Required Information			

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor
(Please type or print) _____

Signature of Authorizing Company Official for Vendor _____

Date _____

